

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5499

State File No.

FILED MAR 3 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3331 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
c. LENGTH OF STAY (in this place) 6 Yrs.		d. STREET ADDRESS (If rural, give location) 1220 No. Fourth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 No. Fourth St.		e. FULL NAME OF HOSPITAL OR INSTITUTION 1220 No. Fourth St.	

3. NAME OF DECEASED (Type or Print) a. (First) Alpha b. (Middle) May c. (Last) Epps			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Jackson, Tenn. Miss.	
13a. FATHER'S NAME J. W. McConnell			13b. MOTHER'S MAIDEN NAME Lyda Noel		14. NAME OF HUSBAND OR WIFE Arthur R. Epps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arthur R. Epps		
			ADDRESS DeSoto, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Mental case		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Patient of Dr. Carl McKinstry (on vacation)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from 2-10, 1952, to 2-10, 1952, that I last saw the deceased alive on 2-10, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles J. Falter M.D.		23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 2-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/12/52	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) De Soto Mo.	
DATE REC'D BY LOCAL REG. 2-21-52	REGISTRAR'S SIGNATURE Marie Farrer	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead		ADDRESS DeSoto, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1502
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JAN 29 1959

NOV 18 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 25 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.